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ABSTRACT

Paradigm Case Analysis (PCA) is a method of increasing instructor effectiveness through the gathering of narratives of critical teaching incidents and experiences from proficient instructors and their analysis in group discussions. Critical Incidents (CI's) may include those in which the instructor's intervention made a significant difference in the learning outcome, or an incident that the instructor feels captures the quintessence of teaching. The first step in applying PCA is the collection of cases for discussion which can be achieved through advertising in a college newspaper or by approaching instructors on an individual basis. Once identified, proficient instructors narrate their CI on a questionnaire form. The form provides information on what constitutes a CI and what to include in their narrative description. Once paradigm cases are assembled, groups of up to 12 instructors meet in a workshop setting to analyze the CI's and to validate them in comparisons with literature on expert teaching. Following a discussion of PCA theory and application, this guide presents the following sample narratives about critical incidents in two-year college teaching submitted by Selkirk College (Canada) instructors: (1) "Supervision of a Nursing Student during Preparation of an Intravenous Medication; (2) "Giving Negative Feedback to a Student with Low Self-Esteem; (3) "An Issue of Professionalism and Patient Safety"; (4) "The Distraught Sociology Student"; (5) "Two Examples of Teaching Techniques: The Semi Colon and Loneliness"; (6) "Psychological Barriers and a Student's Potential"; (7) "A Student Has Doubts"; (8) "A Mature Student Returns to School"; (9) "An Angry Student"; and (10) "Making Early Contact with Home Study Students Taking English 110." A 12-item annotated bibliography and transparency miniatures for a presentation on PCA are included. (PAA)

ED 336144

Using Paradigm Case Analysis to Foster Instructor Development

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Using Paradigm Case Analysis

- To Foster -

Instructor Development

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I. Goals of Presentation:

A. Describe and demonstrate use of the paradigm case method as an instructional development technique, and;

B. Discuss other applications of its use in higher education.

II. Outline of Presentation:

A. Historical Background on Development of the Technique

B. Overview of the Process

1) Assembling critical incident or paradigm case.

2) Selecting the workshop goal(s).

3) Setting up the group process.

4) Validating the group-collected data.

C. Demonstration

1) Small group work with sample cases.

2) Group feedback.

3) Validation.

D. Summary and Discussion of Applications

III. Details of Technique: Using Paradigm Case Analysis To Foster Instructor Development.

A. **Historical Background on Development of the Technique** (***from NISOD program abstract***)

In Benner's book, From Novice to Expert, paradigm cases from clinical nursing practice are analyzed to describe the evolution of the bedside nurse from beginning level (*novice*) practitioner to proficient (*expert*) clinician. On page 4 of her book she states: "... the intentions, expectations, meanings and outcomes of expert practice can be described, and aspects of clinical know-how can be captured by interpretive descriptions of actual practice." Barbara Greenlaw adapted Benner's technique to develop a workshop for nurse educators involved in clinical teaching. She asked colleges to identify proficient clinical instructors. These instructors used Benner's guidelines for identifying a "critical incident" to develop a paradigm case that was then presented to small groups at the workshop. A group facilitator guided discussion focused on identifying elements of proficient performance from the case. In a plenary session, these elements were summarized and then validated by a comparison with data collected from nursing students and the literature. Discussion on how to achieve proficiency followed. The success of the workshop made those involved in its development wish to apply its applications to instructional development in other disciplines. It was also felt the technique could have classroom applications.

B. **Overview of the Process**

1) **Assembling critical incidents or paradigm cases**

To build a repertoire of cases for discussion, an advertisement can be placed in the college newspaper and instructors can also be approached on an individual basis. To help faculty identify suitable incidents, the following "Guideline for Recording Critical Incidents" adapted from Benner (*1984*) can be used. (*This technique was developed by Deborah R. Gordon and Patricia Benner with a grant from The AMICAE Project, University of San Francisco, 2130 Fulton, San Francisco, CA 94117 and a copyright request was in progress at the time of the printing of the manual.*)

Guideline for Recording Critical Incidents*

You have been asked by your Staff Development Coordinator to describe critical incidents from your teaching practice. These will be used to form the basis for discussion in a workshop on developing teaching proficiency.

The attached forms can be used to record your critical incident. First, however, some clarification of what is meant by critical incident is in order. It includes any of the following types of incidents.

* ***Spacing in this questionnaire has been condensed for publication in this manual.***

a. What Constitutes a Critical Incident

- An incident in which you feel your intervention really made a difference in learning outcome, either directly or indirectly (*by helping other staff members*).
- An incident that went unusually well.
- An incident in which there was a breakdown (*i.e., things did not go as planned*).
- An incident that is very ordinary and typical.
- An incident that you think captures the quintessence of what teaching is all about.
- An incident that was particularly demanding.

b. What to Include in Your Description of a Critical Incident

- The context of the incident (*e.g., time of day, staff resources, setting*).
- A detailed description of what happened.
- Why the incident is "critical" to you.
- What your concerns were at the time.
- What you were feeling during and after the incident.
- What, if anything, you found most demanding about the situation.

c. Personal Data

Name: (*optional*) Date:

Title:

Institution:

Amount of time in current discipline:

Amount of time in teaching practice:

Area where incident took place:

d. **Description in Detail of a Critical Incident From Your Teaching Practice (address questions outlined in Part B)**

e. ***A Typical Day at Work***

In the space below, please describe a day at your work that was unusual in some significant way.

In the past, we have found it very helpful to collect accounts of the same incident from more than one participant, particularly participants who differ in the amount of experience they have had in teaching practice. Thus, we, would welcome any further accounts of this incident by other staff members who were involved in what took place. We would also welcome any comments or questions you might have.

2) **Selecting the Workshop Goal(s)**

This technique has numerous applications some of which are listed in Part IV of the manual.

The goal(s) should be clarified before beginning small group work.

3) **Setting up the Group Process**

Once the paradigm cases are assembled, the process for group analysis and discussion can be put into place. In putting together groups, it is advisable to have one individual narrate the incident (this *works best if the person who actually experienced it narrates, but this can't always be*), one person to facilitate discussion and collect the data, and up to 12 participating group members. (Six to ten is ideal.)

During the actual workshop, the case is narrated and then group participants are asked to analyze it. The facilitator guides the discussion around identification of attributes of the instructor that contributed to a meaningful interaction between student and learner. These are summarized and then presented to the larger group.

4) **Validating the Group - Collected Data**

Once each group has reported back in a plenary session and the collected data is collated, it can be validated and reinforced by comparing the findings to what the literature says constitutes expert, proficient teaching. This can be done by doing a literature search, summarizing it, and presenting a condensed version to the group. When doing this, emphasis is placed upon comparison so that

what the cases have yielded can be matched against what literature supports. Something that strengthens the validation process even more is to have collected data from students as to what constitutes expert instruction. This, then, contributes to a three-way validation process.

The bibliography at the end of the manual cites works that might be helpful in the literature search.

IV. Process Applications

This technique provides opportunities to:

A. Make educational theory meaningful by looking at its applications to teaching practice.

B. Identify, record, and consider changing behaviours relevant to instruction.

C. Generate additional options for how to respond to critical incidents in teaching.

D. Reflect on your own teaching practices.

E. Highlight exemplary examples of instruction.

F. Identify critical components of instruction for inclusion in performance appraisal instruments.

V. Sample Case Studies

CRITICAL INCIDENT #1

"To teach or not to teach?" that was the question!

Supervision of a nursing student during preparation of an intravenous medication in a hospital medication room on a medical nursing unit.

The student and I had worked together for five weeks. We had agreed that her anxiety was interfering with her ability to perform skills accurately. She had been unsuccessful to this date in **preventing** inappropriate behaviour due to her anxiety, although her **awareness** of increasing anxiety was becoming more acute.

During this medication preparation, I asked the student to write down her calculations, as she had jumped to the wrong conclusion regarding the dilution concentration of the medication. This request to produce a mathematical formula put her into a real panic; she became short of breath and stated, "Here I go... pains in my stomach and I'm blocking! I'm not going to be able to do it!" She was physically distraught, bent over the counter top, sobbing.

My immediate thought was to respond as a nurse and teacher and try to console the student, relieving the pressure I had placed her under. Before I could respond "something" told me to remain very quiet and still, and not to steal from the student, the chance to pull herself out of this acute state of anxiety. After a few moments, the student realized she was not going to be rescued and that she would have to use her own resources to get out of the situation. She stood up straight, re-examined the problem and very slowly began to work through the steps in the formula.

Although this was obviously a painful experience for her, she succeeded in preparing the medication accurately and independently.

The next day she wrote in her journal: "Thank you for preserving my self-respect; it was all I had left after I felt so stupid and incompetent. By letting me work through this on my own, I learned that I can control myself and find the correct answer. Otherwise, I would have had nothing."

This incident was critical for the student as it allowed her to see herself as capable of controlling her debilitating anxiety. The incident was critical to me because it validated the accuracy of my decision "not to teach" in this situation. As a beginning educator, I used to feel compelled to have and provide the answer, or at least the correct questions. With more experience, I can see that teaching is not always the best way to educate. The "something" which prevented me from rescuing this student was not luck. It was a conscious decision based on my knowledge of this student's uniqueness and the power of self-learning. I have learned a new role for myself from this incident, and have gained confidence in my ability to diversify approaches to meet individual needs. Perhaps the most satisfying outcome of this incident is the mutual respect the student and I have developed in recognizing that we were both teacher and learner to each other.

Submitted by: Maureen Little,
Instructor, Nursing
Selkirk College

CRITICAL INCIDENT #2

Giving Negative Feedback to a Student with Low Self-esteem.

The student was repeating her last clinical experience prior to graduation. She had an unsuccessful attempt four months ago. The major problem had been her inability to communicate effectively with staff and patients. She seemed to have a degree of anxiety that paralysed her in the clinical setting. Her level of communication was so poor that the Department of Allied Health recommended professional counselling prior to a second attempt at this experience.

The student accepted the feedback and entered a relationship with a professional counsellor. She contacted the department after 2½ months of counselling and arranged to complete the clinical requirement. She was involved in a leadership experience in which the student is expected to assume the R.N. role on a nursing team. The requirements were for thirteen 12-hour shifts with an R.N. preceptor. My responsibilities as the instructor were to provide minimal supervision, have frequent contact with both RN and student, and prepare the final evaluation.

I decided to use the first set of four shifts for the RN and student to develop a relationship and decide on strategies to achieve the objectives. I did request they call me if problems developed.

On the first day of the second set of four shifts, I was in the clinical area with another group of students. I was approached by the RN and Head Nurse--both had concerns about the student's progress. We discussed these and identified them as similar to those in the first attempt. The student continued to show a high degree of anxiety, and seemed unable to communicate with people even on a social level. She was making errors in nursing care--she did not ask for help before or after incidents. She repeated the behaviours noted earlier--becoming tearful when concerns were raised and not expressing her side of the issues.

I decided the time had come for this student to demonstrate the expected behaviours or to consider re-entry in the fall to redo the last semester of her program. I arranged a meeting for the afternoon.

The meeting was held off the unit and included the student, the R.N. and myself. I began by telling the student the positives I had observed since her return. I suggested that she had made remarkable progress in the last two months and had the necessary abilities to meet the course objectives. I encouraged communication between the R.N. and the student with regard to the concerns the R.N. had. The student remained silent--tears welled up in her eyes. I thought we were losing her again.

For some reason, I decided to give the student explicit directions for my expectations. I was not unkind but I was blunt. She was to assume the RN role the next day. She would be responsible for the nursing care which would involve delegating tasks appropriately and following through to see that the work was done. In essence, I told her to get on with it--it was up to her to prove she could meet the objectives. The R.N. said she would be there for support as needed.

The next day, a new person appeared on the unit. She was confident in manner. She assumed the leadership role as expected and followed through on the expected workload. She was given positive feedback on her performance by the team members.
The student told me later that my blunt direction was the motivator she needed. She felt little confidence in her abilities but when I bluntly said do it, she felt I did have confidence in her. Suddenly, she felt positive about herself.

Why was this a critical incident?

This was a critical incident for several reasons.

1. The student was running out of time. Another failure could have a very profound effect on her self-esteem.

2. The R.N. involved was also frustrated. I was concerned we would lose her as a preceptor.

3. It was important for me as an instructor to somehow get through to this student without creating a more difficult situation.

My Thoughts

I realized, as I sat looking at the student, that with 7 shifts to go, it was essential she perform. I knew she was not a self-starter and would need a very supportive environment if she were to graduate. My decision to tell her to "do it" was not planned before hand--it was very much an intuitive response to the situation. I was very apprehensive following the interview. In the past, the student would have climbed further into her shell. She would phone in sick or leave the unit in tears. I had no idea what would happen.

I found the stress of dealing with a student with low esteem very difficult to handle. With such a vulnerable person, I did not want to cause her more of a sense of failure. I think, however, in listening to my intuition, I was able to intervene in a very positive way.

The student learned she could perform at the expected level. This accomplishment, along with her counselling, will hopefully add to her new self-confidence.

Submitted by: Helen Moore,
Instructor, Nursing
Selkirk College

CRITICAL INCIDENT #3

An Issue of Professionalism and Patient Safety.

June Eastman (*fictitious name*) is a full-time student. She is 2 months from completing the first year of a two year Diploma Nursing Program and is 25 years old. June is a single parent with a six year old son and works as a Nurse Aid on weekends.

When the incident occurred, June was in the second last week (*4 days*) of clinical on a busy acute medical unit.

June was an average student and was efficient and organized and her experience as a nurse aid helped her in the hospital setting. She seemed calm, confident and in control and had an adequate theory base.

NOTE: (*There was increased anxiety generally in most students going into this semester because of the complexity of the skills and theory to be mastered. The attrition rate is usually higher in this semester as well.*)

At this point in the nursing program,

a. the students have mastered
   - medication administration
   - IM injections
   - dressings
   - monitoring IVs

b. the students are mastering
   - IV medications--added and intermittent
   - sc injections
   - mixing inoculins

Case Scenario

This incident involved two issues.

1. patient safety
2. professionalism

It was Friday morning--approximately 10:30 A.M. and June's fourth day in clinical. It was her "MED DAY" experience, so she was assigned to administer medications for 6-8 patients from 0800-1200 hrs. She was not assigned patient care because this was a first time experience for the administration of a large number of medications. This experience was to prepare the students to give team medications in their last semester before Practicum.

June was being supervised while preparing and administering the medications. She had prepared a large tray with 1000 hr. medications and was working with medication cards. She had given medications to the patients in two rooms. She then went into a four bed room and

approached the patient in the second bed who was standing at the foot of his bed. She confidently said "Here are your pills, Mr. Beam (*assumed name*) and as if on impulse--just handed them to him. The patient took the pill cup in his hand and started to pop them into his mouth. I calmly, but quickly, approached the patient and took the med cup out of his hand and told him I wanted to do one more check on his pills. I asked June to stop her med round and come to the med room with me. By this time she had realized that she had forgotten to check the patient's ID band with the med cards. What she hadn't realized, though, was the fact that the patient she had given the meds to was Mr. Jones and not Mr. Beam. June would have given the pills to the wrong patient.

She was upset and said it was just a mistake and it wouldn't happen again. June was able to finish her med rounds under supervision, and we agreed to discuss the incident later.

That afternoon, after clinical we discussed the incident and the concern for patient safety (*this was her second med error--she had forgotten to check a patient's blood pressure before administering Adalat*). At that point, I could have said "if this continues--you will be asked to leave the clinical area because you are unsafe." But instead, I believed I could do more to help June. She was a good student.

Her past performance was safe but she was impulsive by nature, was not aware of this behaviour, and was unable to solve this problem on her own. We agreed to think about the situation and June's areas of difficulty and discussed it again at the college the next week.

When June came to my office the next week, she was worried and felt insecure. She was unable to explain the events that led up to the incident. Together we explored possible factors and found that June had not been getting very much sleep; she was working on weekends and so had very little time to rest. She was experiencing more stress because of this complex semester and she stated she sometimes acted impulsively in her personal life when under a lot of stress.

She believed that the unsafe way she had given the medication to Mr. Jones was possibly because that was her view or perception of nurses giving medications where she works as a Nurse Aid. (*The powerful influence of role modelling.*)

Our plan for improvement was to ensure safe performance and we would draw up a learning plan together to help June. June became very defensive, and upset (*she was afraid she was going to fail*). At this point, I thought I had made a mistake in handling the situation. I knew that with June, the way I would monitor her progress was even more important than the plan itself. I realized that June needed to restore her confidence in herself more than anything else. I could help her by giving her frequent feedback on her performance--reinforcing what she did well. I also had to build trust with her again by showing her genuine respect and caring.

June returned to my office the next day--calmer and open to discussing her plan.

1. To begin with; she needed more rest and sleep--a priority, so she agreed to reduce her working hours on the weekends.

2. She was going to get support from other students and her friends.

3. She would identify stressful situations to her instructor.

4. She and the instructor would review the critical steps of new skills and new situations before hand.

5. Whenever feeling anxious, she would slow herself down with slow, deep breathing--the instructor would remind her also.

6. She would discuss any concern she had (*her progress/success etc.*) so that she would not have to "hide her stress".

The next week in clinical June was guarded, but she followed all the steps of the plan and her self-confidence improved and her stress was reduced so that it did not affect her performance. June was willing to continue with this plan for the next rotation--a surgical rotation in a different hospital with a different instructor on a different unit.

Only when June was successful in completing this semester was she able to be objective about the whole situation. And only then was I able to realize that June's impulsive reaction to our discussion of a learning plan was typical for June under increased stress and to be expected as her "pattern of behaviour".

June graduated from the Nursing Program one year later.

Submitted by: Denise Hawthorne,
Instructor, Nursing
Douglas College

CRITICAL INCIDENT #4

The Distraught Sociology Student

This incident took place in an introductory sociology course a couple of years ago. A few weeks into the course I noticed that one of the mature students seemed uncomfortable. This is not unusual for those who are surrounded by younger people. I spoke to this student after class and found that she was unusually distraught. She felt that she might be "cracking up." The academic workload did not seem to be the problem. When we discussed other factors, I learned that she had recently left her job in another community and moved here, was enroled at the College for the first time, and was about to be married. She felt that there must be something wrong if she couldn't handle these ordinary events by herself.

Two things immediately came to mind:

1. The contribution the Women's Movement has made in showing the extent to which individual women "privatize" their problems.

2. The various stress indices which are based on the contention that many social events, positive or not, are individually stressful and that the stress from the events is cumulative.

I shared this information with her which legitimated her feelings and showed she was not alone and promised to bring some references to our next class. I found it satisfying to be able to share with the student some sociological information which had immediate application at the individual level. No doubt other factors were involved for this student, but it is observable that she is now happily married and is continuing with her formal education.

Submitted by: Bert Port,
Department Head
Social Sciences,
Instructor, Sociology
Selkirk College

CRITICAL INCIDENT #5

Two Examples of Teaching Techniques

a) The Semi Colon

For years I failed in teaching students how to use the semi colon. After I would lecture and demonstrate, just about 40% of the students used the semi colon correctly. No matter what I did, the percentage was always around 40. My intention was to encourage students to use the semi colon, so that was zilch too.

I decided to have a sixteenth century cocktail party. I had each student print his name nice and large on a three by five card. I shuffled the deck and dealt a card to each student. No one received their own name. Then, I asked the class to write a piece of gossip about this person on the card. I, of course, explained what a wonderful use of language gossip is. While they were writing their gossip, I passed out twelve pieces of historic fact about Henry the Eighth. I, then, explained to the class the purpose of a cocktail party. Gossip! I, then, had the students divide their work sheet in half. One half was titled FRIENDS; the other half was titled HENRY THE EIGHTH. The cocktail party would last ten minutes. During that time, they were to obtain as much gossip as they could about their friends and Henry the Eighth. After the cocktail party, they were to rush back to their seats and record as much gossip as they could remember using the two categories.

Now, from the category of Henry the Eighth, communicate to me in a sentence, using a semi colon, some of the gossip you collected. Do the same from the category of FRIENDS. If hesitant, use the word "However". The results were stunning. Over 80% of the class could use the semi colon. More experimented with the form in their regular writing.

b) Loneliness

In studying poetry, the class studies the emotion of loneliness. This abstraction is quite difficult. First, we compose a concrete poem using the word loneliness. I present two examples of loneliness from T.S. Eliot's The Wasteland. I show them two paintings of loneliness and they are to tell me which one they prefer. But I needed a demonstration to penetrate their consciousness.

I played the loneliness game. Each student receives a coloured 8½ by 11 card board sheet. Each color has only three sheets. I also assign a letter of the alphabet to each student. I tell the class that when we play the game, pink cards can only talk to pink card holders, blue cards to blue cards, and so forth. I have in my hand some black cards. During the game, if I hand you a black card, then no one can talk to you. You are excluded. During the game, I move about shifting cards, so people are always looking for their own kind. In the conversations that you have with your own color, every single word of the conversation must begin with the letter I assigned you. Alligator. Apple. Angel. Along.

When the student returns to his desk, he writes a paragraph explaining what he experienced about loneliness from the game. The paragraphs are very perceptive. The students are more alert and understanding when we begin the analysis of the poems exploring loneliness.

Submitted by: Don Wilson
Instructor, Language
& Literature Dept.
Selkirk College

CRITICAL INCIDENT #6

Psychological Barriers and a Student's Potential

Excerpt from an English student's writing:

> What a depressing story! I feel like crap now. In the years to come I will do my best to be with my parents as much as I can during the Christmas holidays. The last few years I have done different things with my girlfriend and friends on Christmas but after reading the story I think that I will change my position on that.
>
> Christmas these days are pretty sick. In October of 1988 my youngest brother died. The following Christmas was horrible although it wasn't quite as bad as we thought it would be. We pulled through Christmas fairly well except for a few episodes on Christmas Eve. On the way home with our parents on Christmas Eve, my brother and I got into a fight. Then later that night we had to call a doctor because my dad was freaking about my brother's death. My brother and my dad were both drunk so they acted like fools. I was sober but I still acted like a fool. Anyway, I think that this Christmas will suck also. I hate Christmas now but I hate October even more so. Now that I think of it, I don't like very many things. I like Caramilk bars, Def Leppard and sleeping but that's about it. If I could only get my parents to buy me Caramilk bars, Def Leppard tapes and let me sleep in Christmas morning, I would be satisfied.

This student had isolated himself in class. He was sullen and vulnerable and explosive. He revealed potential, but could not concentrate. When I talked to him, I realized he and his family did not understand the process of grieving. The student thought he was going crazy. He was afraid. I chatted with him two or three times. He soon joined the class. He became friendly and productive and received a "B".

Submitted by: Don Wilson
Instructor, Language
& Literature Dept.
Selkirk College

CRITICAL INCIDENT #7

A Student Has Doubts

I first felt something was wrong with Mary when I saw her in the College corridor. Mary was a first year student about one third of the way through second semester. She was in my clinical section and always radiated health and energy. I overheard Mary telling a teaching colleague that she wouldn't be in class that day. Her face was badly blemished and she did not look as cheerful and energetic as usual. When I asked her if anything was wrong, she said she didn't feel well, was overly tired, and thought she'd go home and rest.

I sensed something was amiss and thought about Mary for several hours. Finally, just after 5 p.m. I phoned her at home. We talked for almost an hour with me mostly just listening. Mary was wondering about her career choice. Had she made the right decision? I told her my perceptions of her in the hospital, that she seemed to listen to her patients, appeared interested in them as people and was willing to explore problems that came up. I told her I thought she had a lot to contribute to nursing even at the novice level. Mary expressed a concern that, perhaps, family pressure was the reason she was in nursing. It appeared that she had put a few family members on a pedestal and was concerned about meeting their expectations. I assured her she could do well, doing it her way. Mary expressed unsureness about the newness of the role as a nurse compared to the confidence and control she felt as a massage therapist. I suggested she think about "control" a bit more and ask herself if ever we did have full control of things. I asked her if she was having trouble letting go of an old role while learning a new one. We explored the differences between traditional medicine and her comfort with homeopathic remedies. I suggested that, at this point, with her limited knowledge of nursing, she might be having difficulty integrating the two.

Before we ended our conversation, I asked her how she felt about the hospital experience. Did she look forward to it? Did she dread it? Was it not what she expected? She expressed enthusiasm for clinical, said she "loved the hospital", and I affirmed that she appeared to like it. This was validated by the fact that she came so well prepared.

Just as a parting comment, I read to her a quote about letting go. I then offered her a tape and a book, "The Music is You." She came and borrowed these.

How did I feel? I felt concern, that something was wrong, and that I needed to act now. I was worried about Mary's physical health--was something seriously wrong? How could I help without prying? I had a hunch Mary might do something impulsive that she would regret.

I followed up on this with Mary, just enough to make sure she was okay. She seemed fine and is still with us.

Submitted by: Judy Schultz,
Instructor, Nursing
Selkirk College

CRITICAL INCIDENT #8

A Mature Student Returns to School

The following incident occurred which centered around a student's self esteem. This is a female, University Transfer student, who I believe is in her early thirties. This is a very well-travelled, worldly and intelligent person who has recently returned to school to explore and develop within the world of education.

The student had been working for me as a tutor, working with an international student in an economics course. We had spoken several times regarding her work as a tutor. One day, one of the student's instructors approached me and asked if the student had sought help from me on a term paper. She had been having trouble and the instructor had recommended that she seek my assistance. Though I had seen the student regarding tutoring, she had not approached me about this assignment. Her instructor said that the student was stuck and not very willing to seek help.

Several days later, I saw the student in the hallway and asked her about this particular assignment. She spoke a little but rejected my invitation to show me her work. She was too unorganized and just had to work through this herself.

A week or so later, I saw her again in what seemed to me to be a state of emotional distress. I invited her to talk and she accepted. We spoke of not only what was currently bothering her but of her term paper as well. This was part of her current distress and stress. She agreed to bring me what she had, convinced that not only would she be embarrassed by how disorganized she was but also by how poor a writer she was. She felt she was totally unable to organized her thoughts and express them coherently. I asked her to bring me what she had, without trying to do any more work, in the state the paper was now in. I had a sense that things were not as bad as she portrayed.

The next day she brought me her what she had done. Her paper was long and she literally had done a lot of cutting and pasting sections of paper together as she arranged her thoughts. Embarrassed as she was to present this to me, convinced that her writing was unintelligible, this was an impressive piece of work. Her sentence and paragraph structure was very good, her general organization of the paper was good, and her clarity of writing was excellent. As I went through the paper, she was astounded at what I was saying, not really believing me and wanting "real" feedback. I encouraged her to take what she had, put it on computer, and return so that we could use a word processor to edit more easily. She left in disbelief.

Over the next two weeks, I met with her on three occasions, for usually 1 to 1 1/2 hours. I worked with her on basic editing, grammar, punctuation, and organization. The length of time was necessary only in that the paper was long.

By the end of these sessions, her view of her ability to write was totally transformed. She had never felt she was even capable of doing what she had, yet alone had already done it. Somewhere along in her life, she had developed a view of herself as being unable to express herself in writing; and, as she had developed mentally, she continued to maintain that image of herself.

When I saw her next, she had received the paper back and received a "B+". She would have been pleased with a "C". She was very happy with how things had turned out and felt she would be able to face the next writing assignment she had with more confidence and less anxiety. The instructor later told me that the paper would have received an "A" but she needed to deduct some since it was a month late. I believe my intervention here, in slowly encouraging this student to seek out assistance no matter what state or stage she was in, was crucial for her in her educational development and self-confidence. Her self esteem was greatly increased by this interaction.

Submitted by: David O. Fisher
Learning Assistance
Instructor
Selkirk College

CRITICAL INCIDENT #9

An Angry Student

Bill is a 32 year old male student in the Wildland Recreation program. He will have spent 3½ years a full-time student at Selkirk College before he finally graduates from our two year program.

I first met Bill as a student in my outdoor skills class, a 2nd year course in the program. I have since spent a lot of time trying to figure out where Bill was coming from. Bill would get furiously angry if he couldn't master a particular skill, and this would impact on the whole class.

I remember one particular incident that occurred when we were doing an avalanche workshop on snowpack observation at the Whitewater Ski resort. I had spent two days teaching the class how to downhill ski and, for some particular reason, Bill couldn't master the turns. He couldn't "get it together" and became very angry and defensive when I tried to help him. He told me to go away, not to look at him, and he became very defensive.

I had tried a number of approaches when he got like this. (By this time we were about ¼ of the way through the course.) I tried giving him space and then intervening. I tried offering him support. I often felt my other students were neglected while I dealt with him. On this particular occasion when Bill finally got to the lodge he was so angry he refused to do his snow profiles and, thus, failed to hand in his assignment for that day.

At this time I was feeling discouraged about Bill. I wondered if I was reaching him at all. Was the fact that I was a woman a factor? I did some checking around and discovered he was a "problem" in other courses as well. In his computer science course, he had been known to throw computer disks around in the lab.

As the course progressed, his skills did improve but he was not a positive person to have in the group and it took a lot of my energy to try to get him involved. I felt I was successful sometimes. On one occasion I remember we were out cross country skiing. I sent the other students off on a task and devoted some one to one time to him. When he grasped ideas or skills, he became excited and was so happy. I started to see how he could be reached.

In the second to last class I had with him he came and asked me about a mark he'd got on a lab. I explained why he got what he got but I felt really uncomfortable with the outcome of our discussion so I followed him out to the parking lot and caught up with him just as he was climbing into his truck. I asked him if we could talk about it some more as I had a feeling he tended to run away from things. Right away I sensed his defensiveness but we did talk about it and we got talking about other things as well. I talked about my life. He talked about his. He told me he was an alcoholic, and had actually lived six years of his life as a recluse. He said that when he failed at something now he relived his youth--not being successful at things then, either. These angry feelings about his past seemed to follow him around, even into the classroom. He then became scared and wished he wasn't there. He said the Wildland Recreation program was the hardest thing he'd ever done in his life. He also mentioned that he had only told one other person his life story. The last thing we discussed was that I gave

him some positive feedback. I told him he had been successful, he had beat the alcohol, and he would graduate. After finals he came to see me and in his very blunt way said, "Thanks for our talk in the parking lot."

I went home and my thoughts were that this is what teaching is all about. I had learned so much. At the time I had him as a student I was taking a teaching course on learning styles. I tried out much of what I was learning on him. I felt particularly good at the end because I felt I had reached him and that we were both left with positive feelings.

Submitted by: Laura Adams
Outdoor Skills Instructor
P.E., Athletics,
Selkirk College

CRITICAL INCIDENT #10

Making Early Contact With Home Study Students Taking English 110

After listening to our students and reading the Student-Teacher memo by Jeffrey Sommers (Sommers, Jeffrey. "Listening to Our Students: The Student-Teacher Memo." Teaching English in the Two-Year College. December 1984. pp. 29-34) I decided to use the idea although in a somewhat different situation. As a tutor in the English 110 Home Study program, I felt that I and my students did not develop a relationship of trust and caring early enough in the course. I tried to encourage such a relationship by showing interest in my student's writing backgrounds and in their concerns about the writing process.

The students are adults (18+) and from a variety of academic backgrounds. I talk to them once a week on the telephone.

Examples of questions asked:

- Have your experiences in English courses been negative or positive?
- Are you apprehensive about taking this course?
- What are your writing strengths and weaknesses?
- Which of the essay types did you most/least enjoy writing?
- Are the teacher-student memos a good idea?
- What have you most/least enjoyed about the course?

My Concerns and Comments

- Only half of the group answered my questions. Did they forget? Did they resent them? Does it matter?
- Many students are more frank about their problems in their notes than on the phone.
- I haven't yet received many answers to my final query "Were the memos a good idea?" as the course doesn't end until next week.
- If I do through this exercise another time, I would do it somewhat differently--perhaps enclose a question on a separate sheet of paper with a marked assignment.
- I need more feedback from students who were negative about the idea. Perhaps they don't like to hurt my feelings.

How did some of the students who did reply, express themselves: (These are excerpts from 3 letters.)

I would like to say I enjoyed the student/tutor memos. At times they seemed like another item on a long list of projects to be done, but a lot of them gave me insights to my writing on at least my attitude. I also received a feeling of connection with the tutor.

As for English 110 I still do not like the subject, but it felt good to accomplish a written work, and I think I have improved in my skills. Some of the readings were interesting.

Before I received your letter, I was contemplating on sending an essay as to why I hate English. English has always been a thorn in my side, as it makes me feel dumb, frustrated and it seems to be my only hold back to further education, academically.

Feeling dumb must come from the topics picked to discuss. I realize most topics must be vague and general so most people can relate to them, but I never seem to relate. I feel uncomfortable about having to talk about what someone else wants me to say. I was particularly peeved with our first assignment in that I was trying to be positive and the first thing I was to discuss was how someone is uncooperative, incompetent and inconsiderate. (Thank goodness for Alex Haley.)

Signed: Terry

MY EXPERIENCES IN ENGLISH COURSES IN THE PAST HAS BEEN A LITTLE POSITIVE BUT MOSTLY NEGATIVE.

AS YOU CAN SEE I DO NOT WRITE BUT PRINT IN ALL CAPITAL LETTERS. IN ELEMENTARY SCHOOL I WOULD RECEIVE THE STRAP FOR MY MESSY WRITING SO AFTER GOING TO HIGH SCHOOL I STARTED PRINTING JUST TO BE NEAT. AFTER NINETEEN YEARS OF PRINTING IT IS A HABIT HARD TO BREAK.

GRAMMAR HAS ALWAYS BEEN A PROBLEM FOR ME. I HAD TO GET TUTORING FROM A RETIRED ENGLISH TEACHER AND EVEN THEN JUST SQUEAKED BY IN ENGLISH 12 TO GRADUATE.

READING COMPREHENSION IS OK. I HAVE ALWAYS LIKED READING AND DID WELL IN THIS AREA IN HIGH SCHOOL. I STILL READ ALOT, PROBABLY AVERAGING AROUND 15-20 BOOKS A YEAR PLUS LOTS OF MAGAZINES SUCH AS NATIONAL GEOGRAPHIC, WILD LIFE, ETC. FAVOURITE BOOKS ARE "THE HOBBIT", "LORD OF THE RINGS", AND "THE GOOD EARTH" WHICH I'VE PROBABLY READ A DOZEN TIMES. I ALSO READ ALOT OF WESTERNS AND ADVENTURE FICTION.

I HOPE TO GET SOME CONFIDENCE IN MY WRITING SKILLS FROM THIS COURSE. MY JOB IS REQUIRING MORE WRITING SKILLS EVERY DAY AND I JUST DON'T HAVE THE CONFIDENCE AND ALWAYS FEEL THAT I SHOULD BE DOING A BETTER JOB PUTTING MY THOUGHTS ON PAPER.

Signed: LARRY

Dear Jane:

I have not taken an English course that was graded in 32 years. In school I had a "D" or "fail" all my school life. I can't spell and I get flustered when I can't spell and I get flustered when I can't use the word I want. I also, have no idea what makes a good essay. I do a lot of reading and 'good' to me is whether, I like it or not. I have taken several grammar courses and have passed all of them with "excellent grades" but I do not always practice them. I have never liked English because it has been so frustrating, but I have changed my mind and decided that I can succeed at this and I will.

Signed: *Anne*

Submitted by: Jane Agg
Adult Basic Education, Instructor
Selkirk College

VI. Bibliography

Barth, Richard P. (1984). Professional Self-Change Projects: Bridging the Clinical-Research and Class-Agency Gaps., Journal of Education for Social Work, 20 (3), 13-19

The use of single-case research techniques to identify, change, and record conditions and behaviors relevant to their practice is discussed, and some of the obstacles in using the techniques and possible educational strategies to overcome the obstacles are outlined.

Benner, Patricia. (1982, March) From Novice to Expert. American Journal of Nursing, 402-407.

This article summarizes and highlights the research Benner later published in her 1984 book. It is a handy reference for anyone wanting to get the idea of the research without reading the book.

Benner, Patricia. (1984). From Novice to Expert: Excellence and Power in Clinical Nursing Practice, Menlo Pk., CA: Addison Wesley.

In this book Benner summarizes work done regarding skill acquisition which is based upon the model of skill acquisition developed by professors Hubert L. Dreyfus and Stuart E. Dreyfus. In her book Benner analyzes colourful descriptions of nursing practice showing the evolution of the nurse from novice to expert. Of particular interest is the description of the critical incident technique as a means of collecting raw data for analysis.

Bullough, R. Jr. (1987). Planning and the First Year of Teaching. Journal of Education for Teaching, 13 (8), 231-50.

A first year secondary school teacher was observed on a weekly basis in order to gain insight into her planning processes and how and why they changed over the year. Changes are discussed in terms of Ryan's four stages of teacher development. Implications of the study for teacher education are presented.

Carter, Kathy. (1988). Using Cases to Frame Mentor-Novice Conversations about Teaching. Theory Into Practice, 27 (3), 214-22.

The possibilities of the use of case literature by mentor teachers to convey theoretical knowledge to beginning teachers and to promote reflection and analysis are explored through a review of the advantages for mentor teachers, beginning teachers, and the school, as well as some obstacles and topics for cases that master teachers could develop.

Ciupryk, Frances A. and Others. (1989). Exemplary Grade 1 Mathematics Teaching: A Case Study. Journal of Research in Childhood Education, 4 (1), 40-50.

Describes a case study of exemplary mathematics teaching in an Australian first-grade classroom. Highlights a teacher's ability to integrate different subject areas, flair for communication, concern for children, and skills in capitalizing on unexpected situations.

Cryer, Patricia and Others. (1988). Professional Effectiveness. Programmed Learning and Educational Technology, 25(2), 112-28.

Three articles review methods of improving teacher effectiveness in the United Kingdom. An evaluation of the effectiveness of video feedback to improve lecturer performance is described/institutional initiatives to encourage new approaches to teaching and learning are discussed/and case studies of three centres for staff training are given.

Joseph, Pamela B. (1989). Ethical Choices for Social Studies Professionals. Social Education, 53 (1), 55-57.

Poses ethical questions related to social studies education and professional values in five case studies illustrating the six principles of the National Council for Social Studies (NCSS) Code of Ethics. Raises questions about the NCSS's involvement in overseeing professional ethics and encourages discussion about ethical principles. (LS)

Leiren, Bjorn D. (1990). Workplace Performance Evaluation, Vancouver, B.C., Canada: Eduserv.

This book contains useful information on performance appraisal. Of interest to this topic are pages 46-48 which describe the use of the critical incident technique to help define performance standards.

Roueche, John E. and Baker, George A. III. (1987). Access and Excellence: The Open-Door College., Washington, D.C.. Community College Press.

This book summarizes research done at Miami-Dade Community College to develop a community college excellence model. Of particular interest to this presentation is chapter 15, "Teaching for Success' which gives a detailed description of excellent teachers.

Ryan, Alan G. (1987). Truth Wrought in Tales: An exploration of How Case-Study Evaluations are Received by Those Participating in the Process. Journal of Curriculum and Supervision, 2 (4), 330-41.

Using a case study approach, this paper explores how school administrators and teachers are drawn to reflect on their practice by studying evaluation reports. The paper also discusses educators' diverse methods for affirming various levels of truth in the reports and implications for the use of case study evaluations. Includes 14 references.

Wood, Patricia. (1988). Action Research: A Field Perspective. Journal of Education for Teaching, 14 (2), 135-50.

Classroom action research provides preservice and inservice teachers with a valuable form of teacher-centered professional development. Results of a case study are related/action research was applied to the question of student cooperation in an elementary classroom. The research format includes four stages: plan, act, observe, reflect. (IAH)

VII. Presentation Transparency Miniatures

1. Guideline for Recording Critical Incidents

You have been asked by the Selkirk College Staff Development Personnel to describe critical incidents from your teaching practice. These will be used to form the basis for discussion in a workshop on developing teaching proficiency. The attached forms can be used to record your critical incident. First, however, some clarification of what is meant by critical incident is in order. It includes any of the following types of incidents.

A. What Constitutes a Critical Incident

- *An incident in which you feel your intervention really made a difference in learning outcome, either directly or indirectly (by helping other staff members)*
- *An incident that went unusually well*
- *An incident in which there was a breakdown (i.e. things did not go as planned)*
- *An incident that is very ordinary and typical*
- *An incident that you think captures the quintessence of what teaching is all about*
- *An incident that was particularly demanding*

B. What to Include in Your Description of a Critical Incident

- *The context of the incident (e.g., time of day, staff resources)*
- *A detailed description of what happened*
- *Why the incident is "critical" to you*
- *What your concerns were at the time*
- *What you were thinking about as it was taking place*
- *What you were feeling during and after the incident*
- *What, if anything, you found most demanding about the situation*

C. Personal Data

Name: *(optional)* ***Date:***
Title:
Institution:

Amount of time in current discipline
Amount of time in teaching practice
Area where incident took place:

D. In the space below, please describe in detail a critical incident from your learning practice, addressing the questions outlined in Part B.

Characteristics of the Expert Teacher*

Motivation:

1. Commitment	• *long term heart felt commitment to teaching* • *high expectations* • *instill students responsibility* • *available for extra help*
2. Goal Orientation	• *set personal goals* • *set student goals*
3. Integrated Perception	• *students seen as whole individuals*
4. Positive Attitude	• *believe in the power of success* • *believe that teacher promotes learning through success* • promotes learning through success • *reward successful behaviour* • *shows enthusiasm*
5. Reward Orientation	

Interpersonal

6. Objectivity	• *Approach students with friendly business-like attitude* • *Evaluate objectively and fairly* • *Seek solutions not blame* • *Side with the student*
7. Active Listening	• *Paraphrase for clarification* • *Take time to hear student out* • *Attend to nonverbal clues (cues)* • *Willing to listen out of class*
8. Rapport	• *Exhibit a sense of humour* • *Show personal interest in students* • *Establish harmonious relationships with students* • *Show students respect* • *Create caring climate*

* From: Roueche & Baker (1987), ch. 15 as cited in bibliography

Interpersonal

9. Empathy	• *Model caring climate* • *Share self with class* • *Demonstrate understanding of others*

Intellectual

10. Individualized Perception	• *See students as individuals* • *Adjust courses to individual needs* • *Recognize effort*
11. Knowledge	• *Enjoy learning* • *Know subject matter* • *Engage in professional development*

Intellectual

12. Teaching Strategies	• *Offer well organized course and classes* • *Get students involved* • *Encourage higher order thinking* • *Make course work relevant* • *Show flexibility in planning and delivery*
13. Innovation	• *Integrate new ideas* • *Search for new strategies* • *Take risks to improve curriculum*

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